Revised December 1974

015-011283

PRODUCER OF WASTE (Must be filled by producer)

STATE DEPARTMENT OF HEALTH

D.O.T. Proper Shipping Name

SFUND RECORDS CTR 999000837 HAULER OF WASTE (Must be filled by hauler) ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 State Liquid Waste Hauler's Registration No. (if applicable) No. of Loads or Trips:__ The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct. SIGNATURE OF RUTHORIZED AGENT AND TITLE DISPOSER OF WASTE (Must be file the proper) Name (print or type): Site Address: The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): State fee (if any): Handling Method(s): ☐ recovery treatment (specify): EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION ☐ disposal (specify): ☐ pond ☐ spreading ← ☐ landfill ☐ injection well other (specify): If waste is held for disposal elsewhere cify final loca I certify (or declare) under penalty of perjury that the foregoing is true and correct. The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.